

Name  
in  
Full

Henry Bailey (Bailey)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town Steevesville County 29 MARYLAND  
Date Month Day Year Month Day  
of death 1909 June 25 - Age 10 3 9

Sex Male Color or Race Colored Birthplace Kent Island  
Occupation Laborer Where Residing if not et place of death  
Single Name of Wife or Husband

Father's Name Charles Bailey Father's Birthplace ..  
Mother's Maiden Name Lena Jackson Mother's Birthplace ..

Name of person giving Information Charles Bailey How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

1

How long

16 days

Immediate

Pneumonia

How long

9 days.

Are the name, age, sex, color, date and place correctly given above?

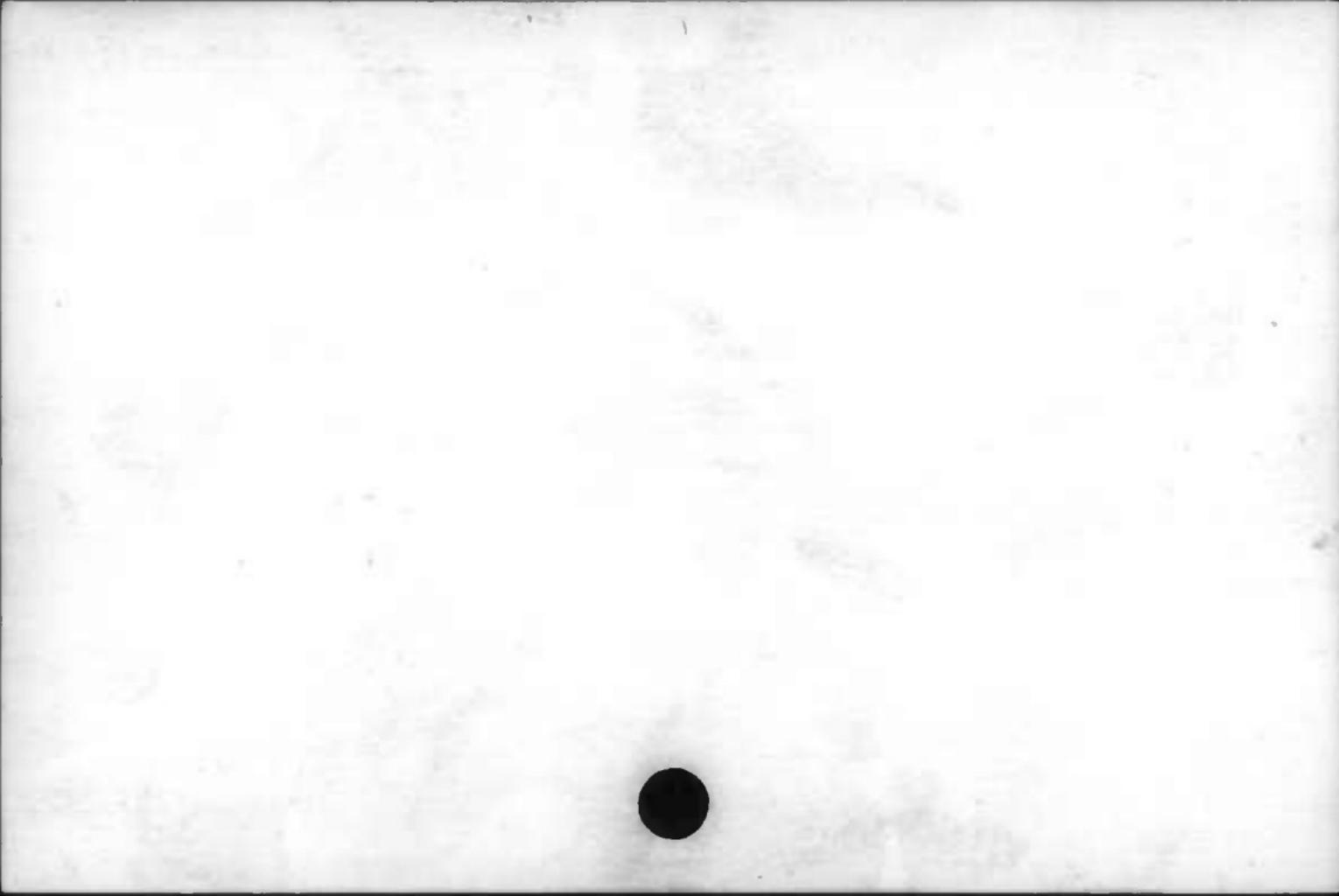
Yrs

Signature of Physician

Address

Percy Keay  
Steevesville, Md

Accident or Suicide



Name  
in  
Full

Harriett Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town

County

MARYLAND

Died at no Compton

Q D County

Date Month Day Years Month Days  
of death 1907 June 5 5 5 25

Sex Male Color or Race White Birth-place Q D Co.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William W Burns

Father's  
Birthplace

Q D Co

Mother's  
Maiden Name

Matthe Fowler

Mother's  
Birthplace

Q D Co.

Name of person giving  
Information

William W Burns

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition ?  
Exhaustion ?

179

How long

3 or 4 months

Immediate

How long

Week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

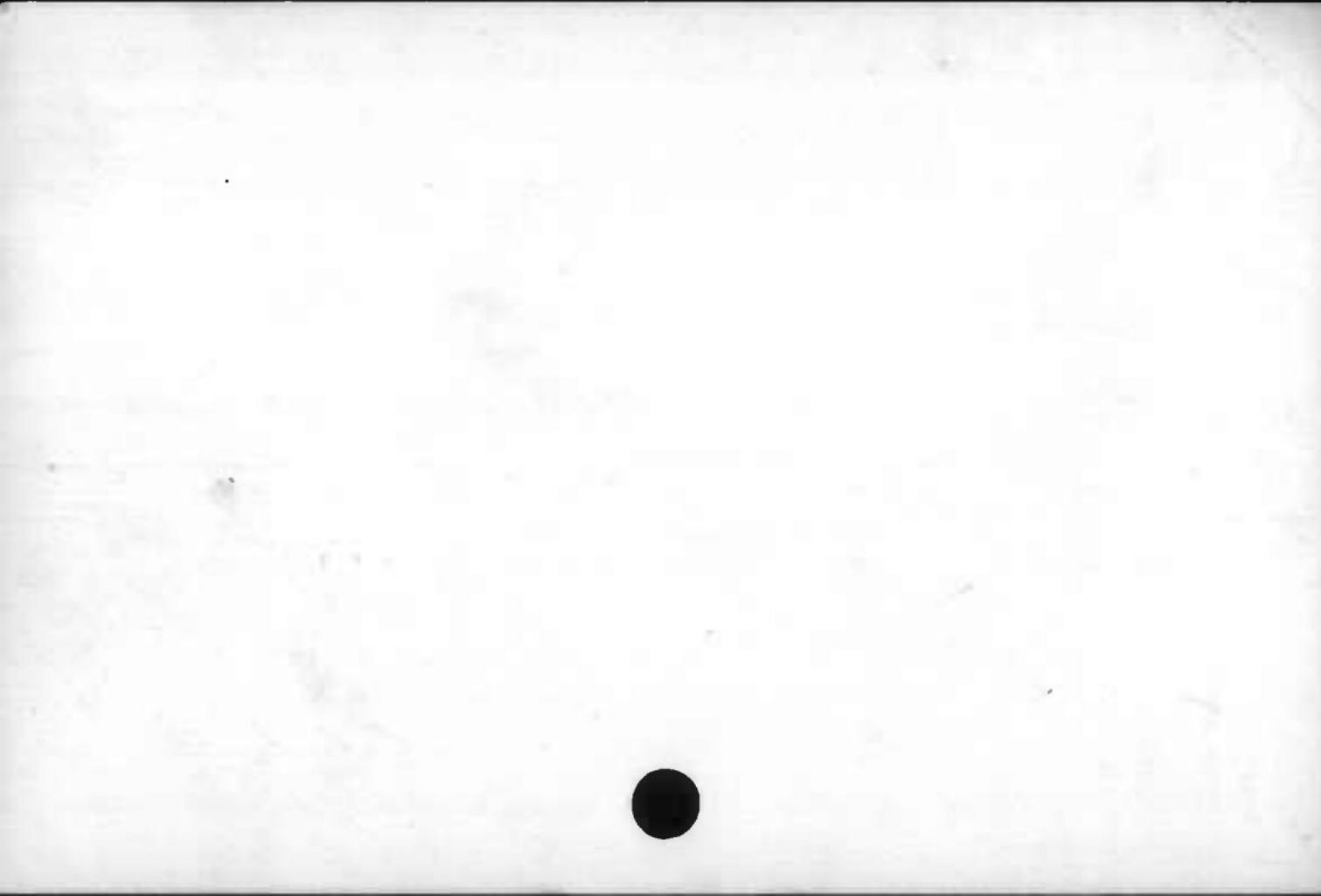
Arthur E Landers M.D.

Address

Health Officer

Accident or Suicide

(Only saw this child after death)



Name  
in  
Full

Namil. G. Butcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND		
Died near Winchester		Q.C.				
Date of death 1909	Month June	Day 29	Year 1	Months 6	Days	
Sex male	Color or Race Colored				Birth-place Q.C. Co., Md.	
Occupation	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Chas. H. Butcher Father's Birthplace Q.C. Co., Md.					
Mother's Maiden Name	Sarah M. Lloyd Mother's Birthplace Q.C. Co., Md.					
Name of person giving Information	Chas. H. Butcher How related to deceased Father					

CAUSES OF DEATH

Primary

Enterocolitis

105

How long

Nine days

Immediate

Exhaustion

How long

Three hours

Are the name, age, sex, color, date and place correctly given above?

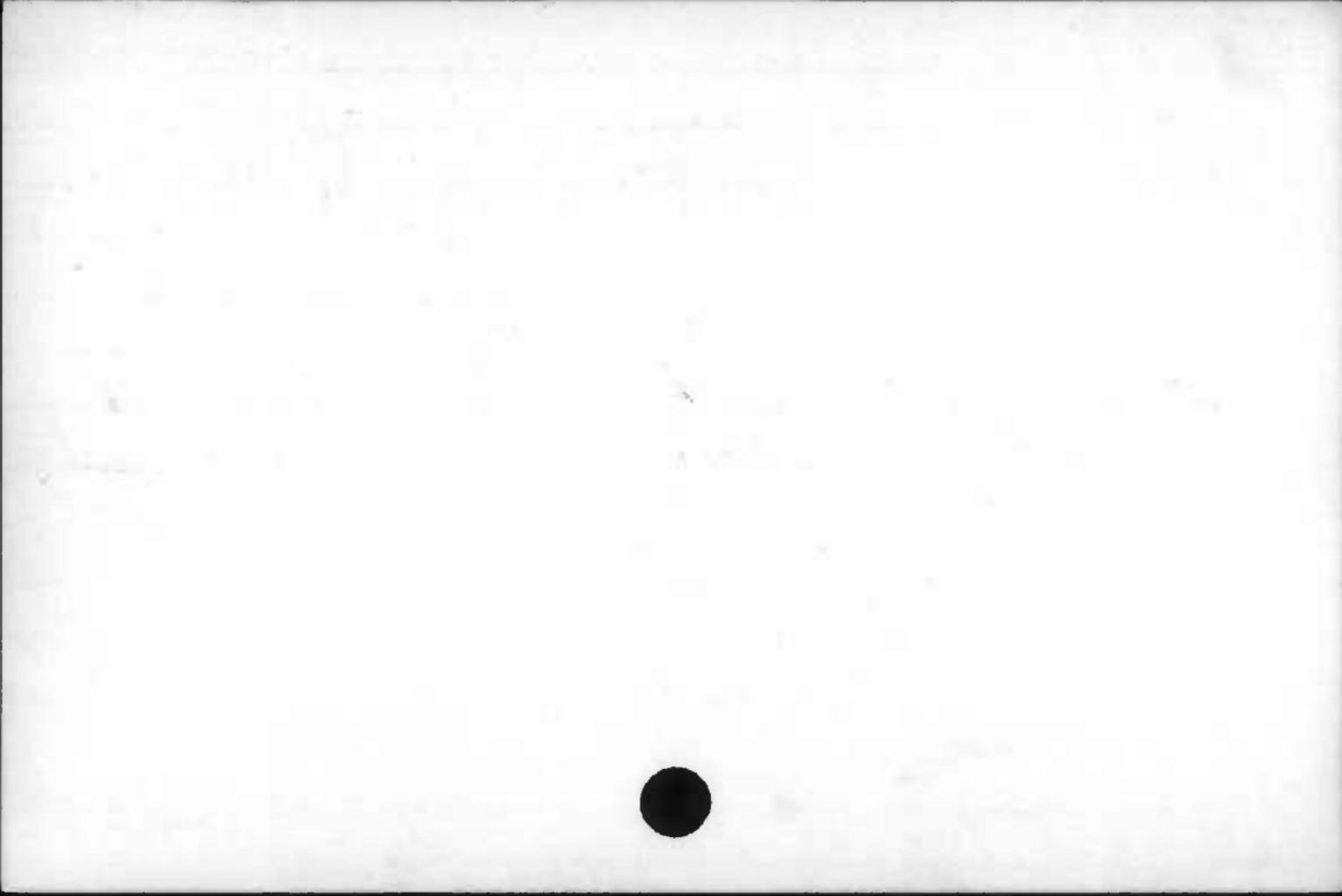
Yes

Signature of Physician

Address

R. B. Ford  
Queenstown, Md.

Accident or Suicide



Name  
in  
Full

Nettie Clayton

CERTIFICATE OF DEATH

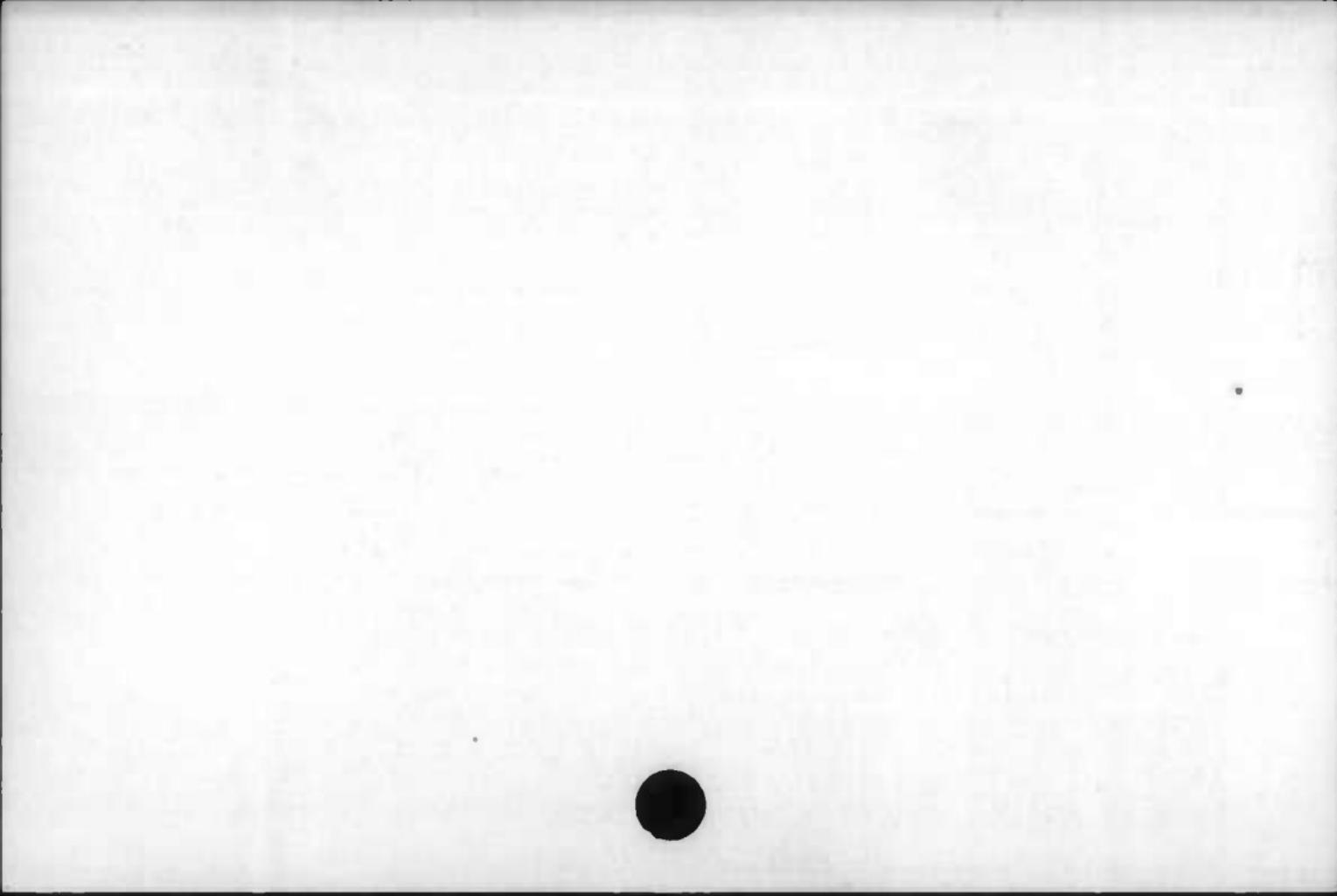
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 6	Day 21	Years 69	Months 9	Days	
Sex	Female		Color or Race	Negro.		Birth-place	Queen Anne Co.
Occupation	House Work		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name	John Frazer		Father's Birthplace Kent Island				
Mother's Maiden Name	Elizabeth Bailey		Mother's Birthplace " "				
Name of person giving information	Julia Kirby		How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic Heart		How long	1 or 2 yrs
Immediate	Cardiac Paralysis		How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Fayokrae	
		Address	Queen Anne Co.	
Accident or Suicide?			No	



Name  
in  
Full

Robt. George, Conyer.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	46-		
Occupation	Where Residing if not at place of death	Birth-place			
Married, <input checked="" type="checkbox"/> <del>Single</del>	Name of Wife <del>Elizabeth</del>	Winchester Ma			
Father's Name	Elizabeth Williams	Winchester Ma			
Mother's Maiden Name	Elizabeth Griffis	Winchester Ma			
Name of person giving information	N. R. Berry.	None			

CAUSES OF DEATH

26 ✓

PHYSICIAN  
OR CORONER

Primary

Tubercular laryngitis

How long

Four months

Immediate

Exhaustion

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. H. Lord  
Queenstown  
Md.

Accident or Suicide?



Name  
in  
Full

Charlotte A. Coltin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	72	8	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	J. H. Coltin			
Father's Name	Thomas. Nodad				
Mother's Maiden Name	Leziah Morgan				
Name of person giving information	Mrs M. A. Peith				

CAUSES OF DEATH

Primary

Progressive Paralysis

66

How long

3 or 4 yrs

Immediate

Obstruction

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Y

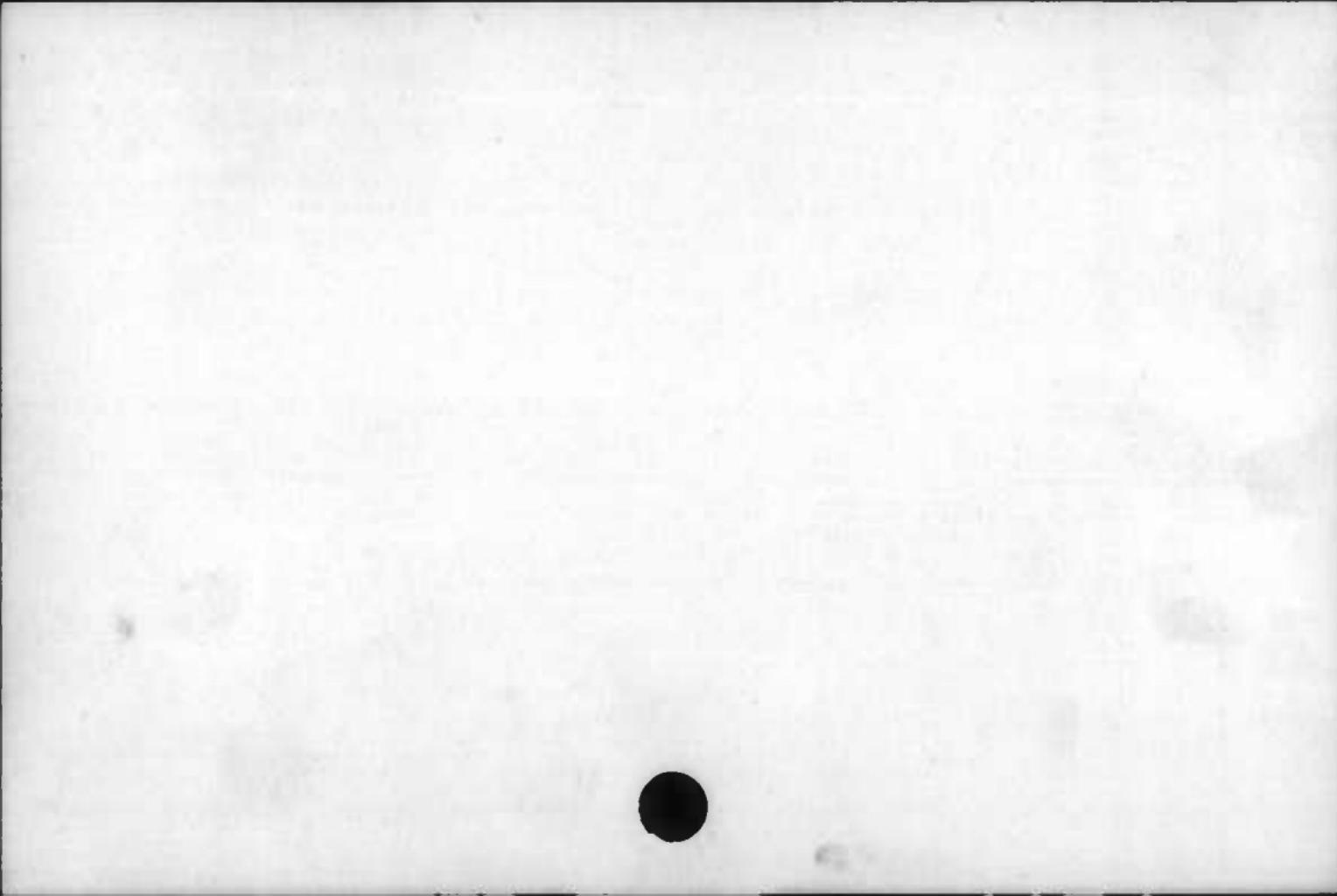
Signature of Physician

Address

Progressive  
Paralysis  
Occultly  
2nd

Accident or Suicide?

221



Name  
in  
Full

Carrie F. Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Church Hill	Zalo			
Date of death	Month	Day	Years	Months	Days
1909 June	9	12	29	10	-
Sex	Color or Race	Birth-place			
Female	White	Zalo Co Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at place of death			
Single	None				
Father's Name	Father's Birthplace				
James P. Harris	Zalo Md				
Mother's Maiden Name	Mother's Birthplace				
Sarah le Horney	Zalo Md				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion				
Immediate	by hypotension				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	104		
		J. S. Dudley MD	4 hours		
		Address	2 hours		
Accident or Suicide?	no		Cheyach Hill		
			Montgomery		

Blewett Falls  
Country

Name  
in  
Full

Rebecca Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

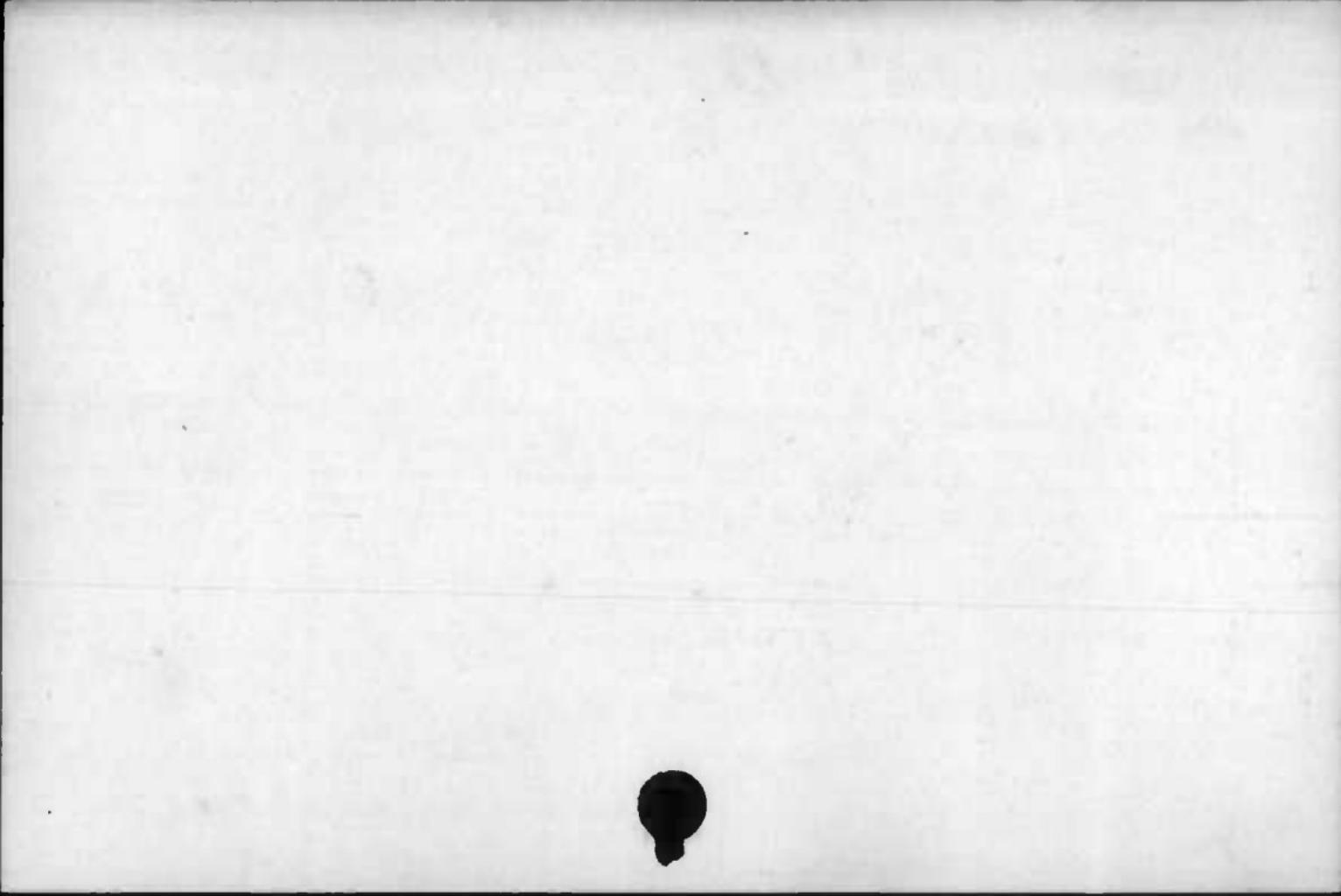
Town	County		MARYLAND	
Died at Winchester	Va. Co.			
Date of death 1909	Month 6	Day 7	Years 57	Age
Sex Female	Color or Race Col		Birth-place Va. Co.	
Occupation House wife	Where Residing if not at place of death Piney Creek			
Married, Single or Widowed widow	Name of Wife or Husband dead		Father's Birthplace Va. Co.	
Father's Name John Stewart			Mother's Birthplace Va. Co.	
Mother's Maiden Name Margaret Jones			How related to deceased none	
Name of person giving information Benj. Barr				

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary Paralysis	How long one year
Immediate Second Stroke	How long one hour
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.W. Chains
	Address Queenstown, Md.
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

John A. Kane

Town

County

Died at

Barclay

Queen Anne's

MARYLAND

Date  
of death

1909

Month

Day

Years

Months

Days

June 12

Age

12

10

Sex

Male

Color or  
Race

Colored

Birth-  
place

Ind.

Occupation

School

Where Residing if not  
at place of death

Barclay Ind.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Birthplace

Ind.

Father's  
Name

Levi Kane

Mother's  
Birthplace

Ind.

Mother's  
Maiden Name

Mary Sudler

How related  
to deceased

Father

Name of person giving  
Information

Levi Kane

27

How long

Primary

Pulmonary Tuberculosis One Year

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

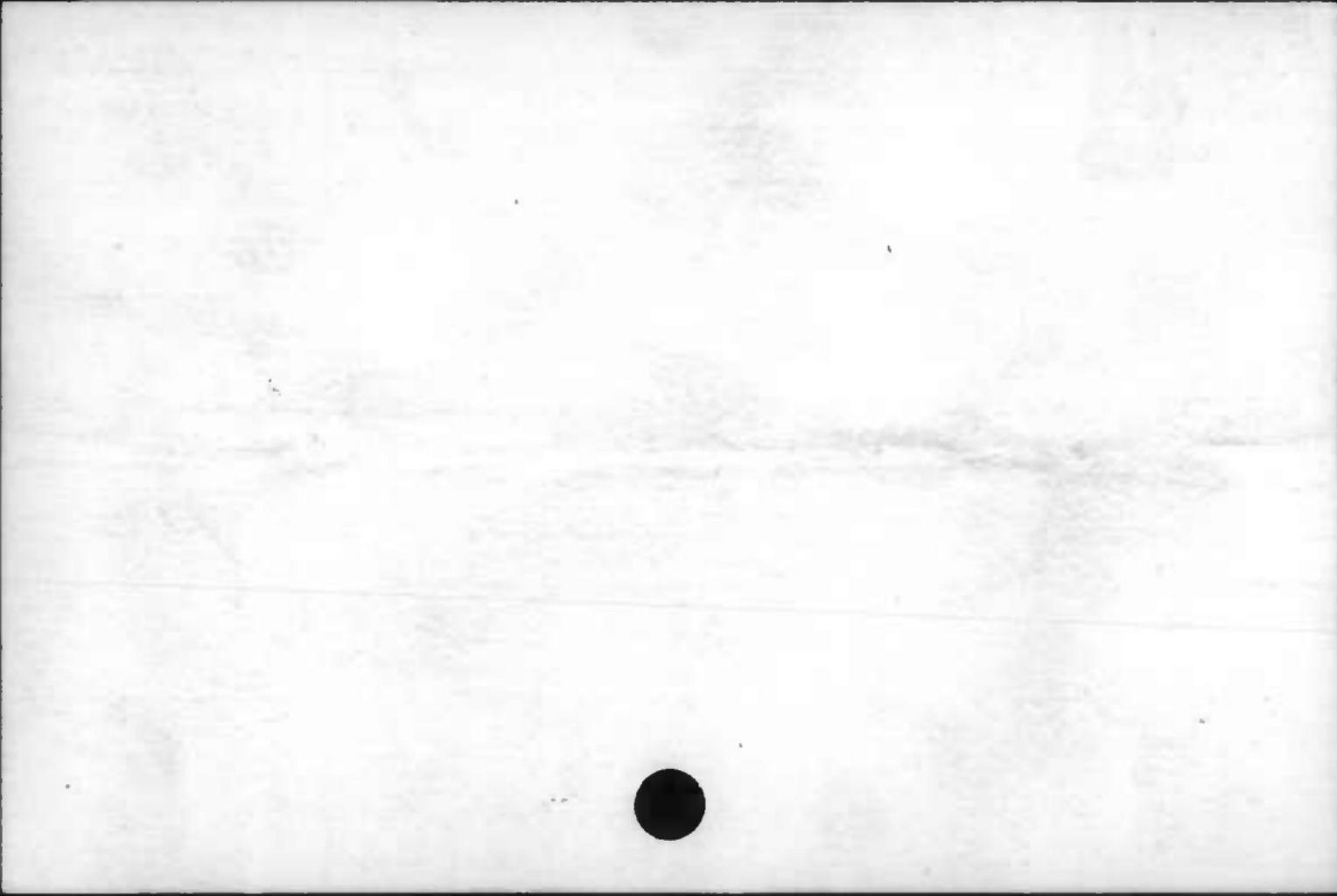
Address

Wm W. Brown M.D.

Englewood  
Ind.

Accident or Suicide

no



Name  
in  
Full

Henry Konitzky

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

County Home 2. Annex

1909 June

6

Age 74

—

—

Sex

Male ✓

Color or  
Race

white

Birth-  
place

England

Occupation

Laborer

Where Residing if not  
at place of death

2. A. 60 Md

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Don't Know

Father's  
Birthplace

Don't Know

Mother's  
Maiden Name

" "

Mother's  
Birthplace

" "

Name of person giving  
Information

Wm Lester

How related  
to deceased

none

CAUSES OF DEATH

Primary

Parapysis

How long

120

✓

Immediate

Acute Bright's disease 2 years

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

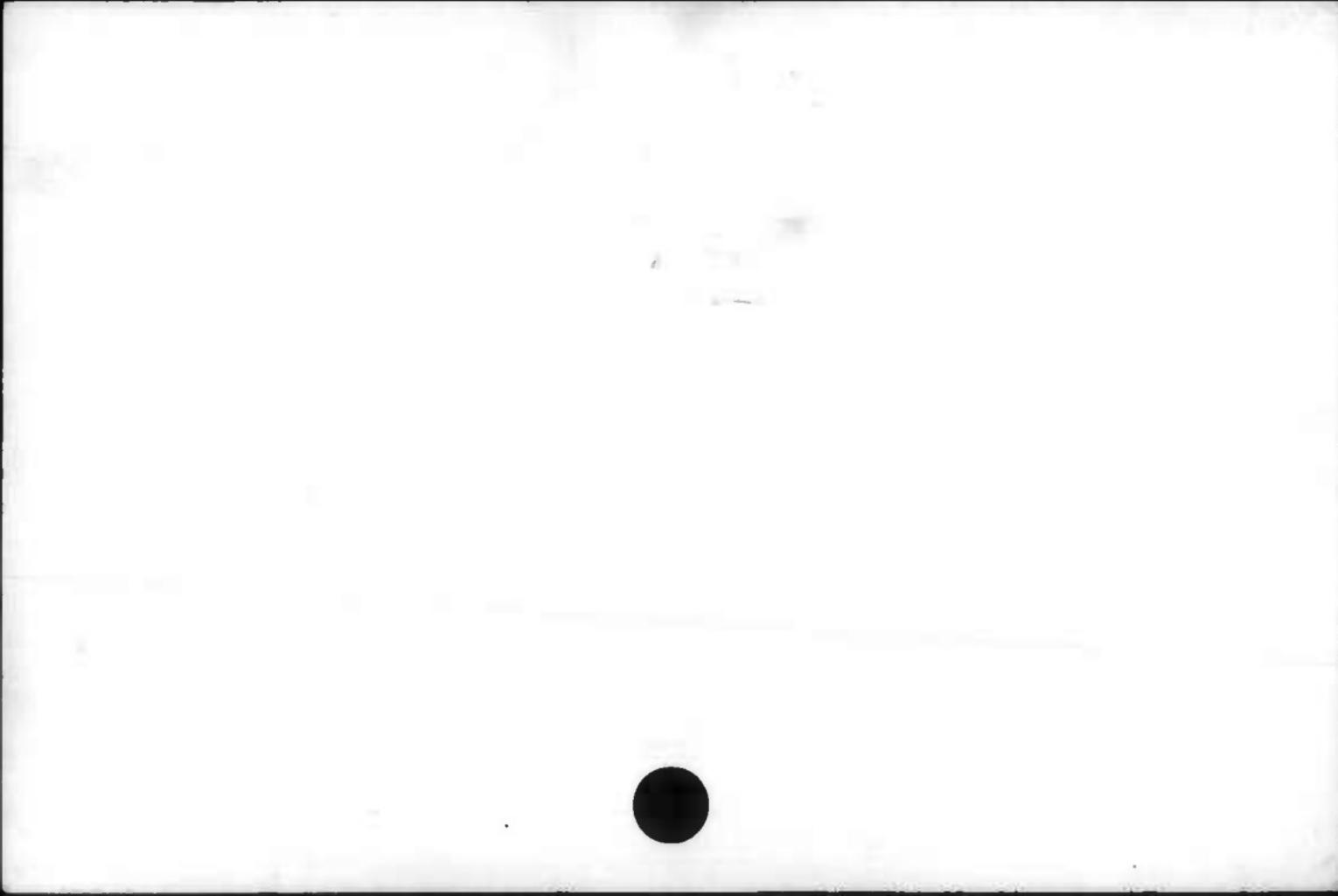
Signature of  
Physician

Address

J. A. Holton M.D.  
Centreville Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Elizabeth Song

CERTIFICATE OF DEATH

Died at

Town

Marys Sudserville

County

Turner Co.

MARYLAND

Date  
of death

1909

Month

6

Day

28

Years

60

Age

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

Housewife

Where Residing if not  
at place of death

Ind

Married, Single  
or Widowed

Name of Wife or  
Husband

Wm Song

Father's  
Name

Eben Gladding

Father's  
Birthplace

Michigan

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Wm Song

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Aphibexy

How long

Three days

Immediate

"

How long

Grosses Suds

Are the name, age, sex, color, date  
and place correctly given above?

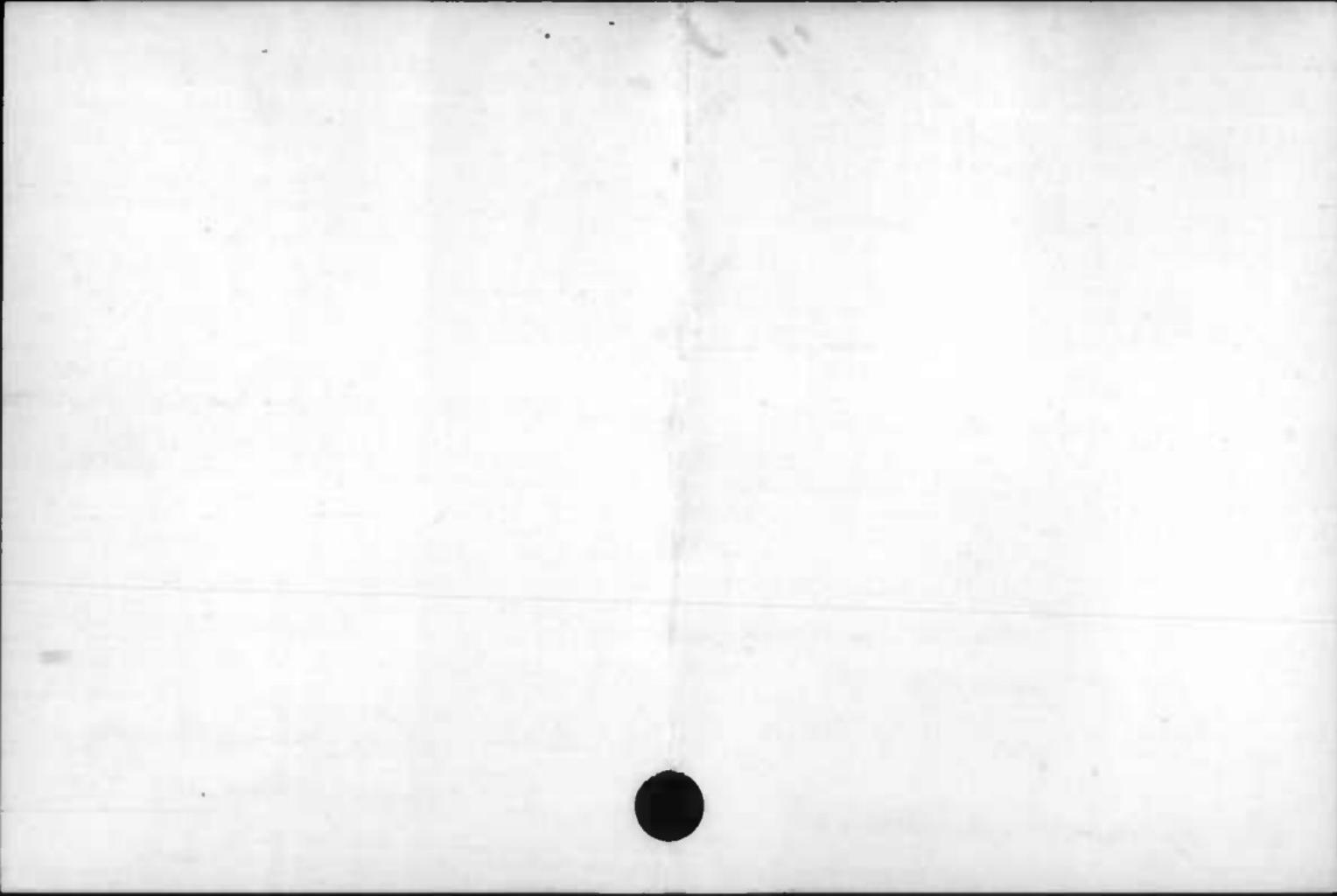
Signature of  
Physician

Address

210

Sudserville Mo'

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

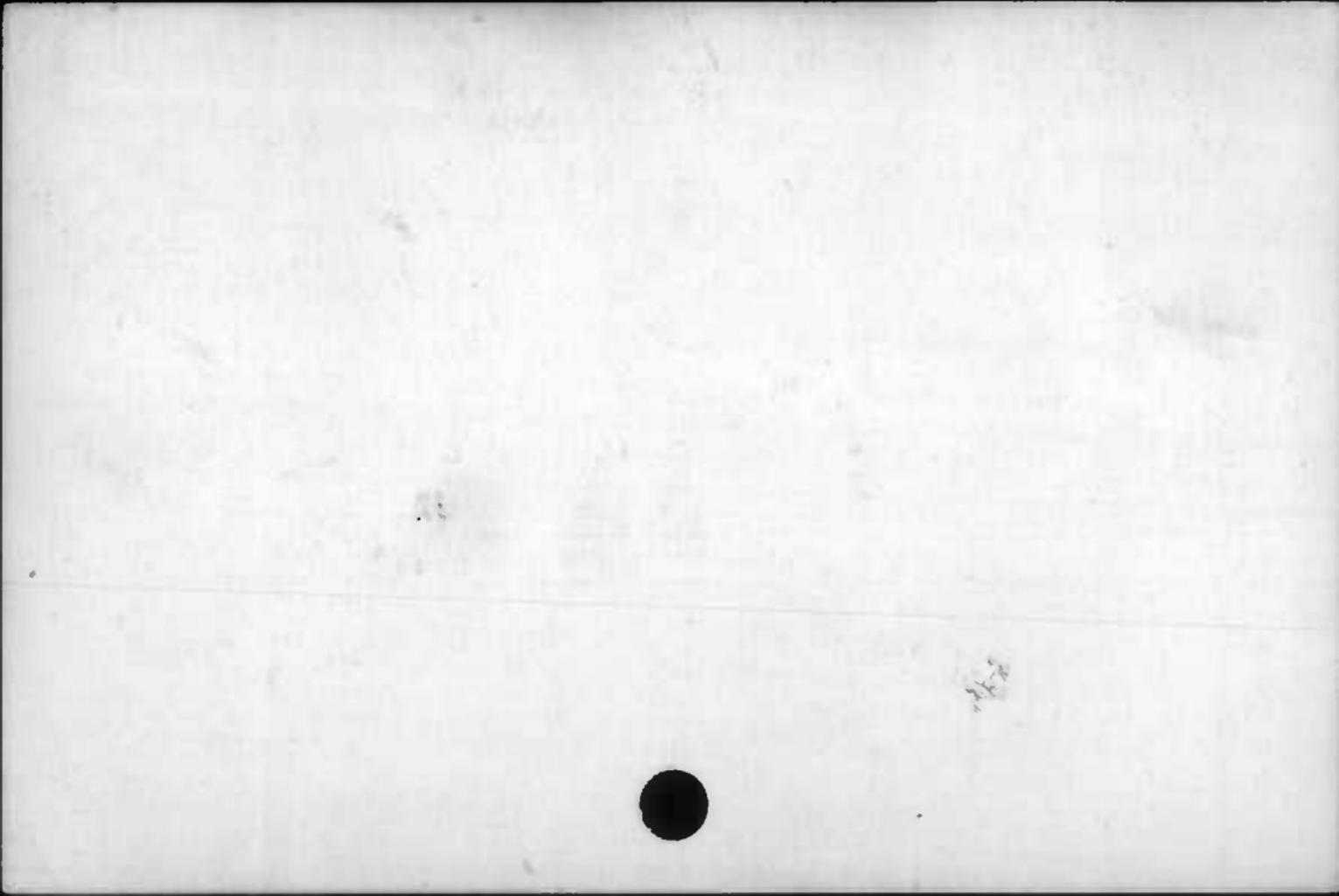
## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Ireland	
Occupation	Farmer		Where Residing if not at place of death	The Green Annie Farm		
Married, Single or Widowed	Married	Name of Wife or Husband	Julia J. Maloy		Father's Name	
Father's Name	Michael Maloy				Ireland	
Mother's Maiden Name	Mary Lawrence				Mother's Birthplace	
Name of person giving information	Mary Dr. Knappog				How related to deceased	

## CAUSES OF DEATH

81 ✓

Primary	Arterio sclerosis. 9.		How long	about 1 year.
Immediate	Probably Oligemic Arterios		How long	9
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician:	Arthur E. Landers	
Address	Consumption			
Only saw patient once and that after death				
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

Month

Day

Years

Months

Days

Frank Massey  
Deep Landing Queen Anne

Sex

Male

Color or  
Race

Black

Birth-  
place

2 a/c

Occupation

Farm laborer

Where Residing if not  
at place of death

R.F.D #1 Chestertown Md.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Clwood Massey

Father's  
Birthplace

2 a/c, Md.

Mother's  
Maiden Name

Lizzie Harklebs

Mother's  
Birthplace

2 a/c, Md.

Name of person giving  
Information

Isaiah Anthony

How related  
to deceased

Uncle

## CAUSES OF DEATH

172

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

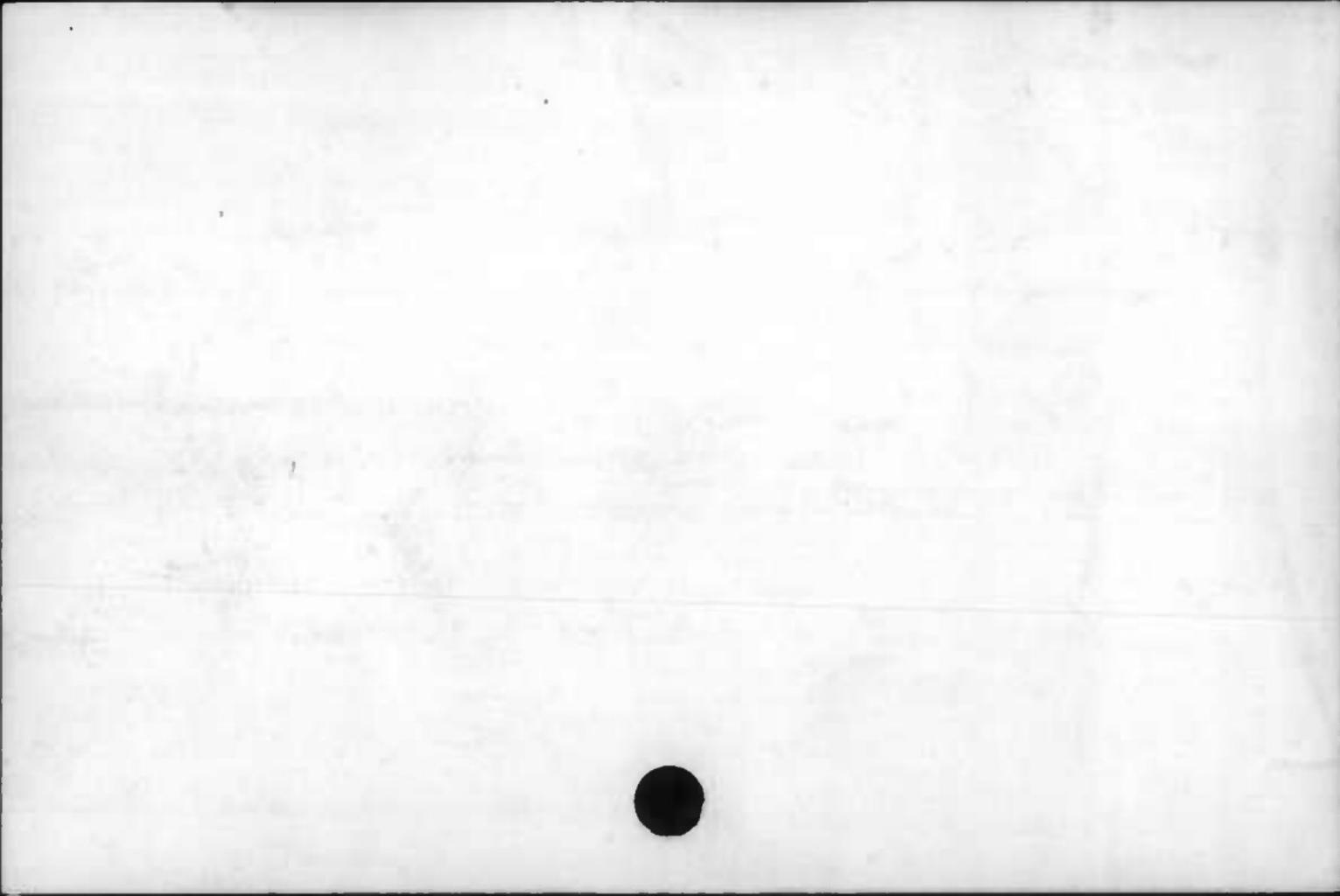
Arthur E. Landers M.D.

Address

Crownsville Md

PHYSICIAN  
OR CORONER

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Isiah Moody -

CERTIFICATE OF DEATH

Died at Dugleside Town Dungeness County MARYLAND

Date of death 1909 Month June Day 23 Years 74 Months 9 Days

Sex Male Color or Race Colored

Occupation

Age

Birthplace

Married, Single  
or Widowed

Name of Wife or  
Husband

Where Residing if not  
at place of death

Place of death -

Father's Name

John Moody

Father's  
Birthplace

Mother's  
Birthplace

Mother's  
Maiden Name

Bertha Morris

How related  
to deceased

Name of person giving  
Information

Bertha Moody

Mother

CAUSES OF DEATH

Primary

Chronic Enteritis

How long

Three months.

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

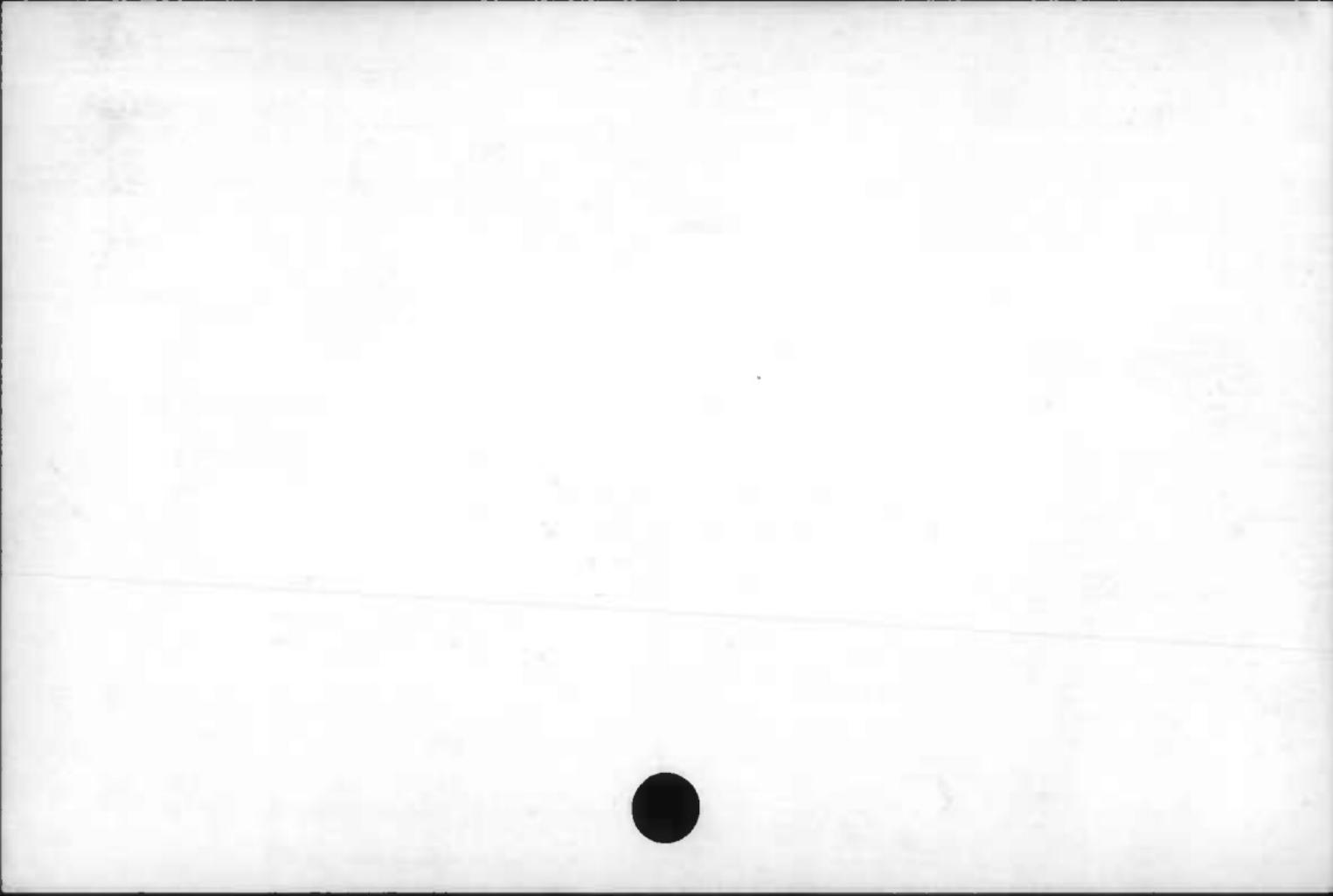
Wm W. Brown M.D.

Dugleside  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

No.



Name  
in  
Full

Mary Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

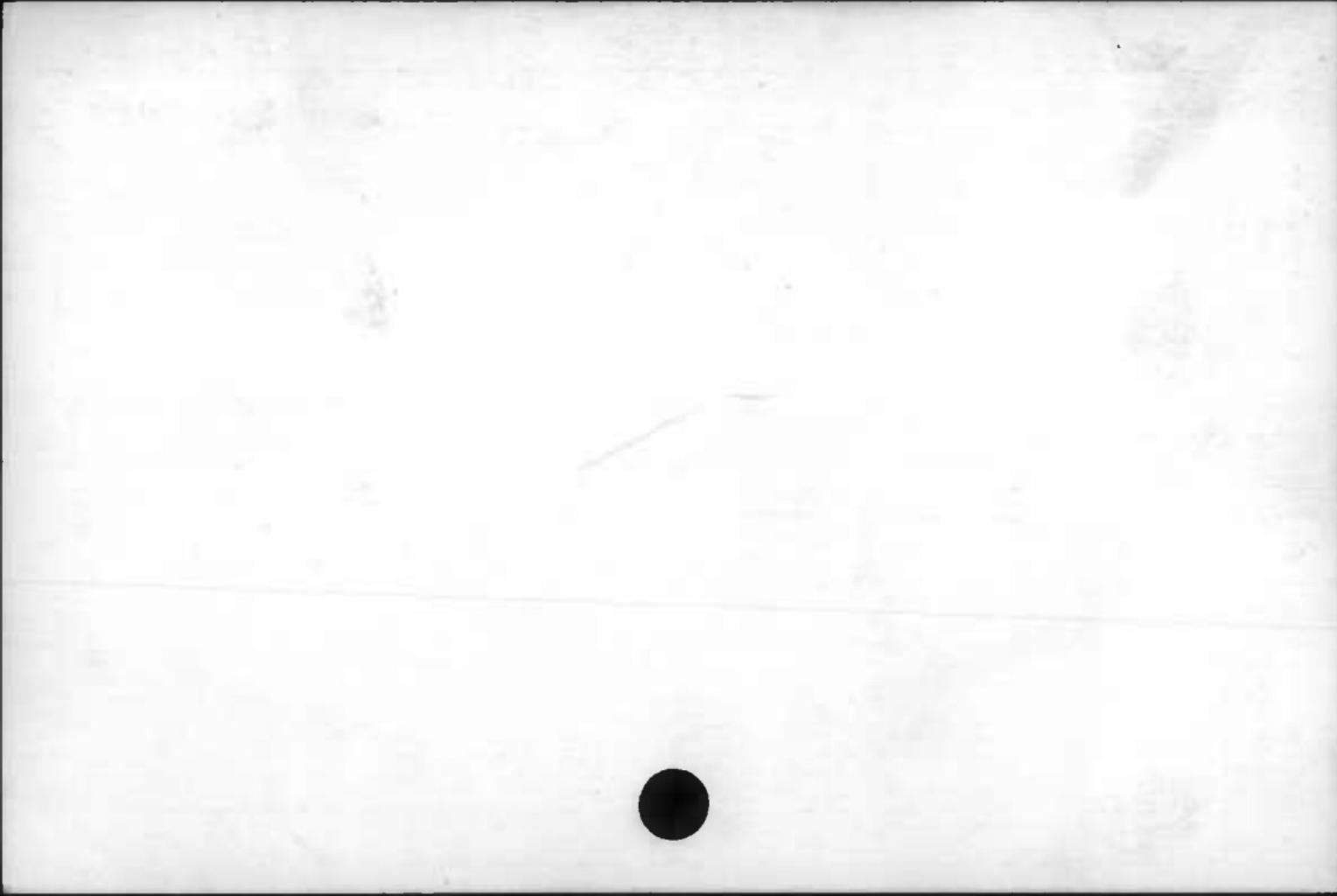
PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	at Reed's Mill		
Father's Name	David D. Moore			
Mother's Maiden Name	Delaware			
Name of person giving information	Daughter			
CAUSES OF DEATH				
Primary	65			
Immediate	Six months			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	Address			
Accident or Suicide?	Foster Suds Sudlersville			

Church Hill

Amelia





Name  
in  
Full

William Scott Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Centreville	County	MARYLAND
Date of death	1909 June Eight	Day	Years Months Days
Sex	Male	Color or Race	White
Occupation	Editor of Centreville Record	Where Residing if not at place of death	Centreville Md
Married, Single or Widowed	married	Name of Wife or Husband	Eliza D Roberts
Father's Name	Samuel Roberts	Father's Birthplace	Md
Mother's Maiden Name	Eigland Mira Scott Robert	Mother's Birthplace	Eigland
Name of person giving Information	Finley Roberts	How related to deceased	Brother

CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary

Cirrhosis of Liver

How long

3 or 4 yrs

Immediate

Cardiac Paralysis etc

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

yes

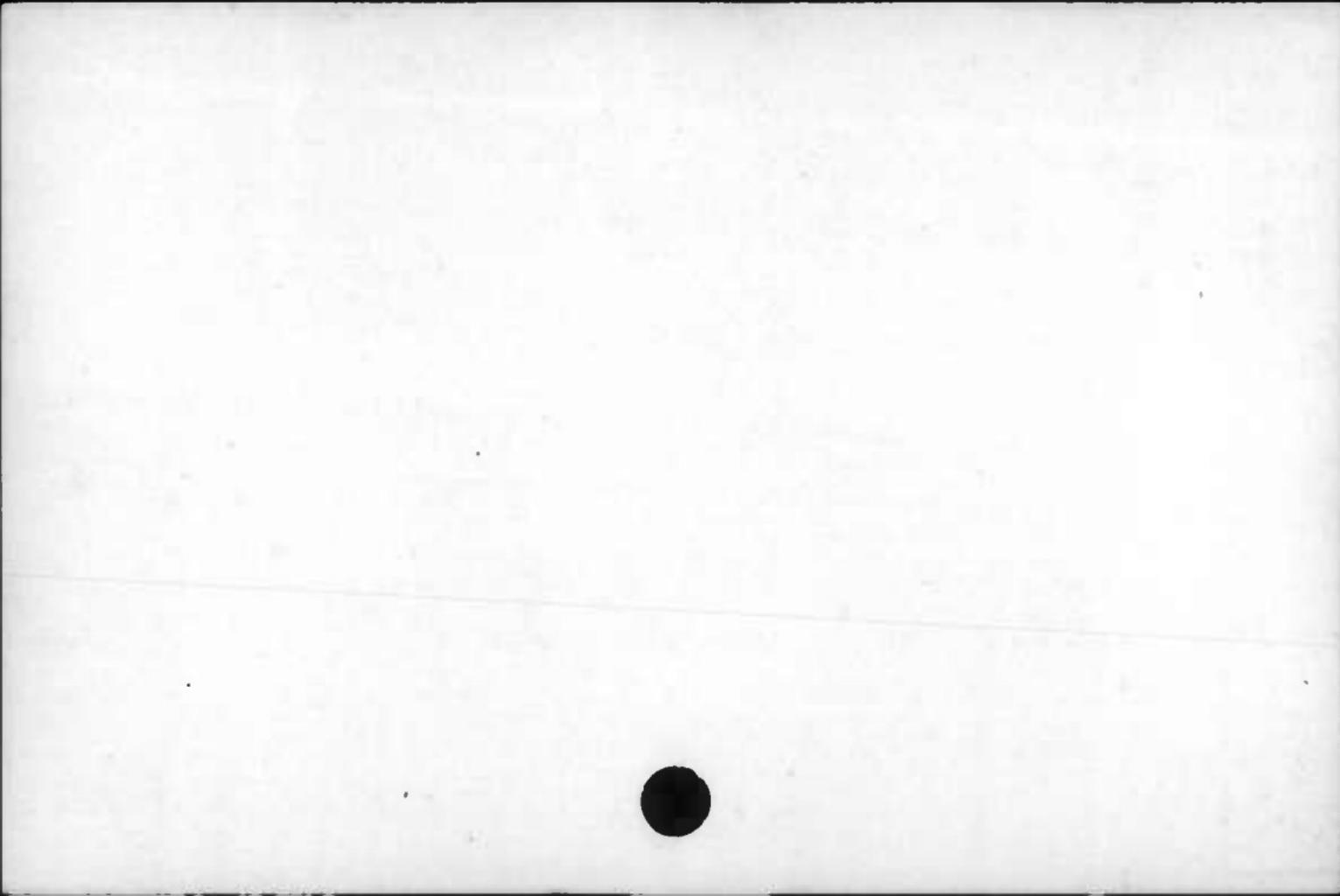
Signature of Physician

Address

Frank Krael  
Decatur  
Md

Accident or Suicide?

no



Name  
in  
Full

Mason Brager

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town County  
Died at Near Crumpton Queen Anne MARYLAND  
Month Day Years Month Days  
Date of death 1909 June 22 Age 6  
Sex male Color or Race White Birth-place Queen Anne Co  
Occupation Infant Where Residing if not at place of death Ashbone  
Married, Single or Widowed Single Name of Wife or Husband Infant  
Father's Name John Brager Father's Birthplace Queen Anne  
Mother's Maiden Name Bessie Linderson Mother's Birthplace Queen Anne Co  
Name of person giving Information John Brager Father

CAUSES OF DEATH

Primary Cholera Infantum  
Immediate Convulsions  
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

H. Bengle Simmons  
Chester town, Md.

Accident or Suicide

Church Hill -  
Concord

Name  
in  
Full

John Edw. Sewell

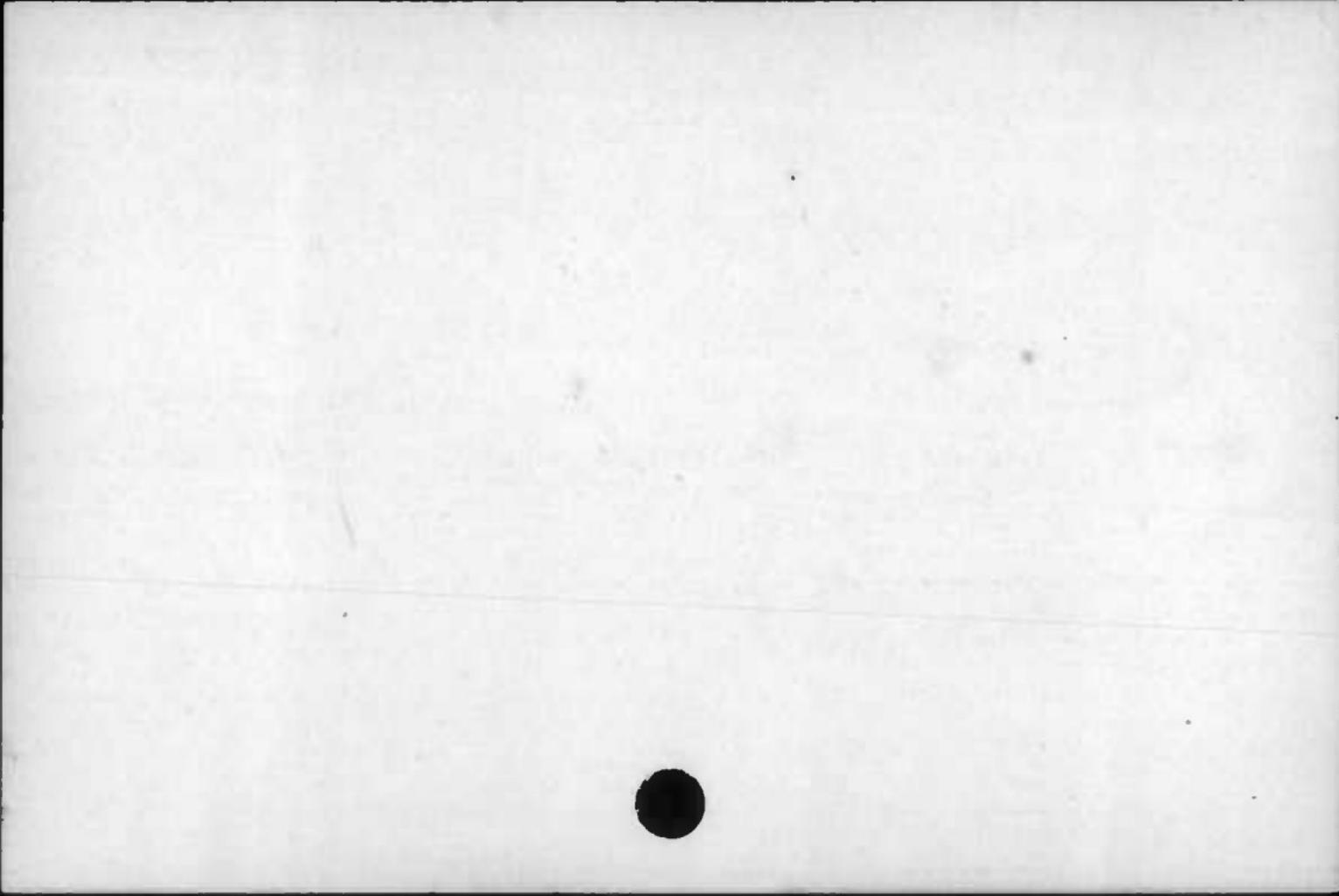
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Niuehster	2. d. Co.			
Date of death	Month	Day	Years	Months	Days
1909	6	14	Age 62.		
Sex	male	Color or Race	white	Birth-place	Talbot Co., Md.
Occupation	Harness Makers			Where Residing if not at place of death	at Home
Married, Single or Widowed				Name of Wife or Husband	Unknown —
Father's Name	Edw. Sewell			Father's Birthplace	Talbot Co.
Mother's Maiden Name	Mary E Kerssey			Mother's Birthplace	2. a Co.
Name of person giving information	Jas. R. Sewell			How related to deceased	Brother

CAUSES OF DEATH

Primary	empay — 142	How long	3 months
Immediate	Gangrene (Began in feet).	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. W. Chaires
Address			
After 7 to 8 days gangrene became general.	Inoculation. Tad.		
Accident or Suicide?	Come general.		



Name  
in  
Full

Benjamin G. Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County	Date of death 1909 Month Day Year			Age	Month	Days
Sex	Male	Color or Race				77	6	19
Occupation	Farm hand	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband				Emilie England		
Father's Name	John Holloway						Father's Birthplace	md
Mother's Maiden Name	Miss Moyer						Mother's Birthplace	md
Name of person giving Information	Benjamin G. Holloway						How related to deceased	son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

hemiplegia

66

How long

Immediate

v

96 hours

Are the name, age, sex, color, date and place correctly given above?

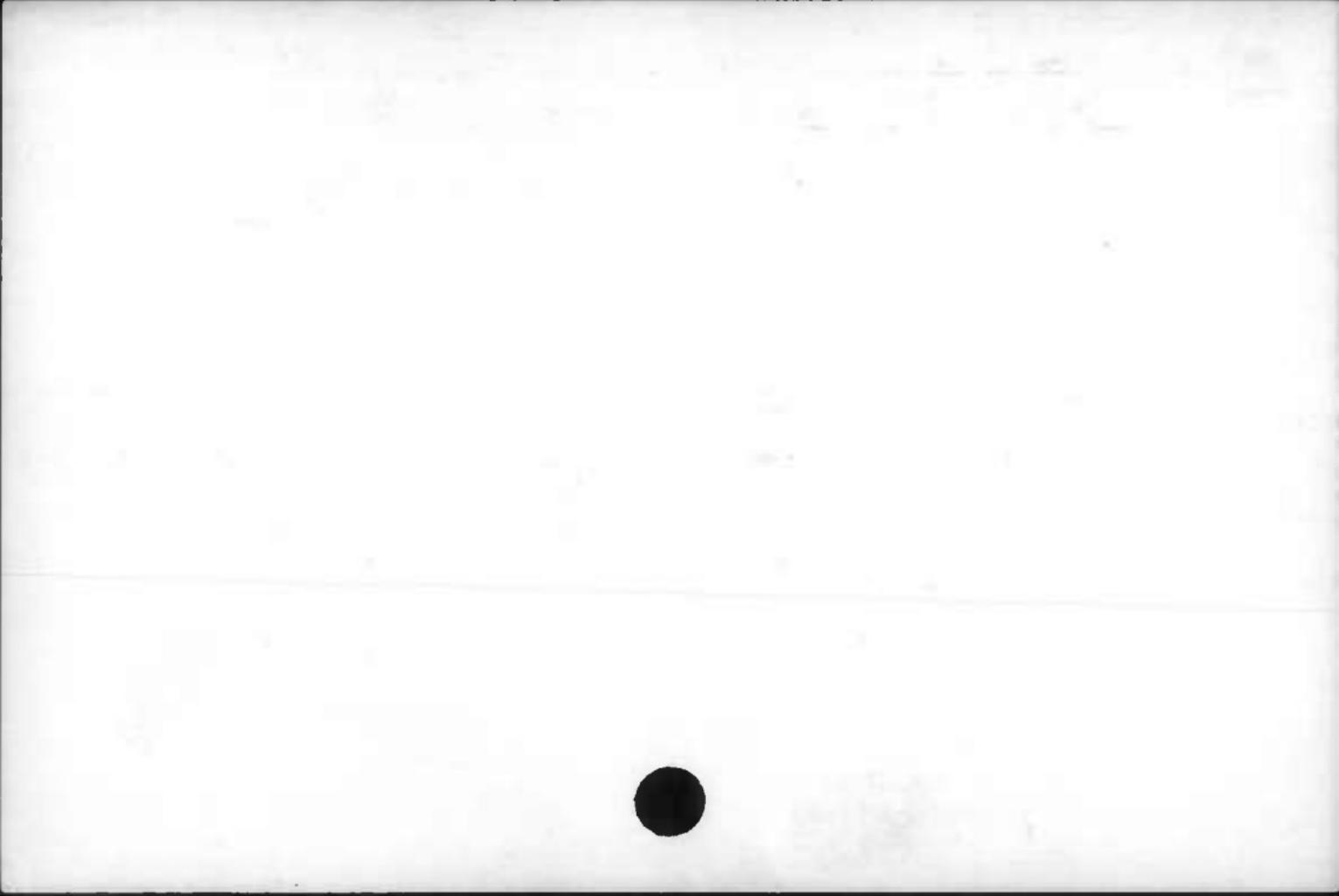
Yes

Signature of Physician

Address

Dr. W.H. Jacobs  
Willington Md

Accident or Suicide



Name  
in  
Full

Sarah M. Thomas

## CERTIFICATE OF DEATH

Died at <u>Starr</u>		Town	County <u>Queen Anne's</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>26</u>	Age <u>16</u>	Years	Months <u>10</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Starr, Md.</u>		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Anthony N. Thomas</u>	Father's Birthplace <u>Damson town, Md.</u>					
Mother's Maiden Name <u>Sarah E. Downs</u>	Mother's Birthplace " "					
Name of person giving Information <u>Anthony N. Thomas</u>	How related to deceased <u>Father</u>					

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
CORONER

#### **CAUSES OF DEATH**

4

## Primary

## Child Birth & Nursing child

How long since March 11<sup>th</sup>

### **Immediate**

## Malaria Fever & Diarrhea

How long  
2 1/2 months

Are the name, age, sex, color, date  
and place correctly given above?

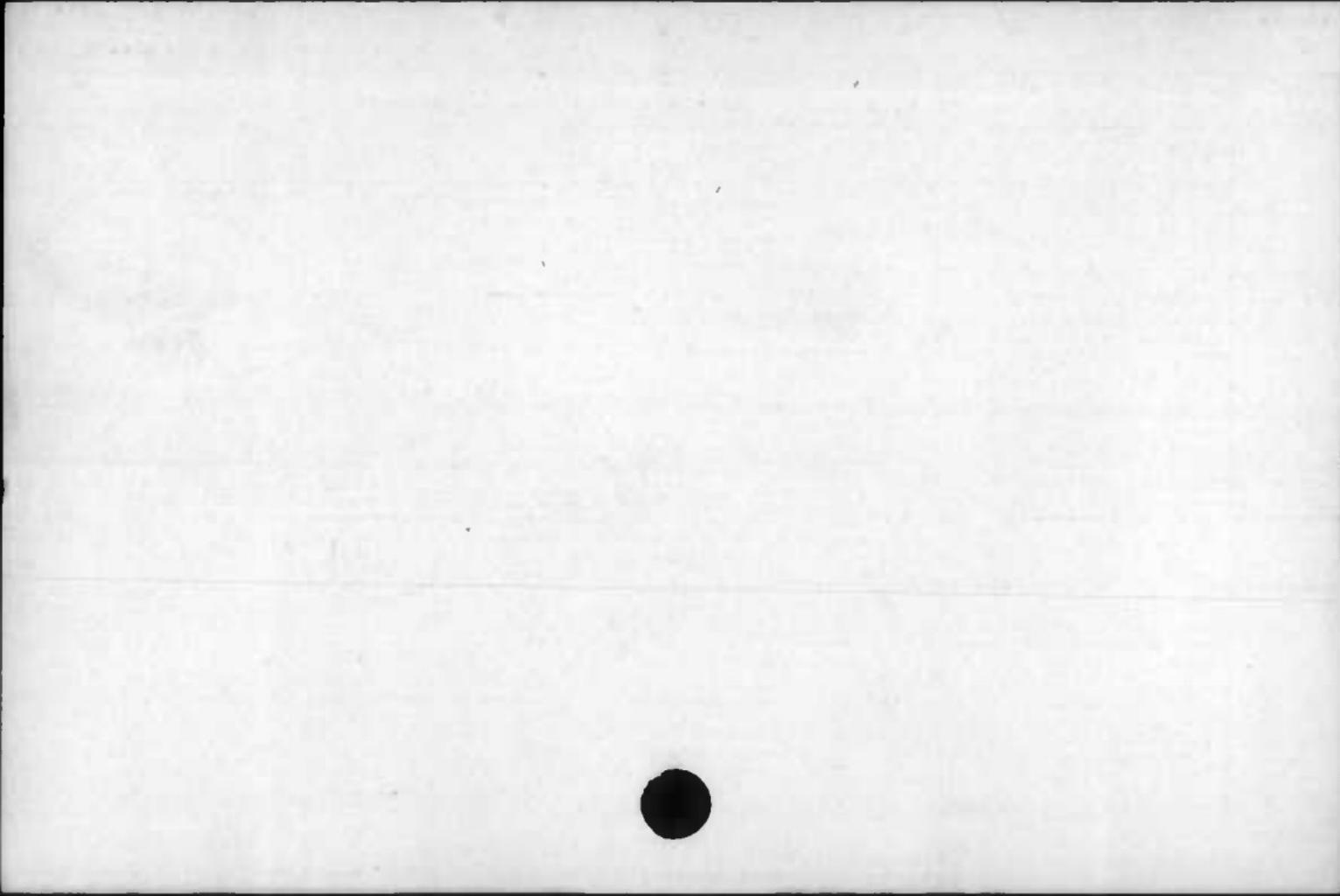
yes

**Signature of  
Physician**

### **Address**

Walter H. Farby Jr.  
Centreville P.R. No. 4  
Maryland.

## Accident or Suicide?



Name

In  
Full

Ibby Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

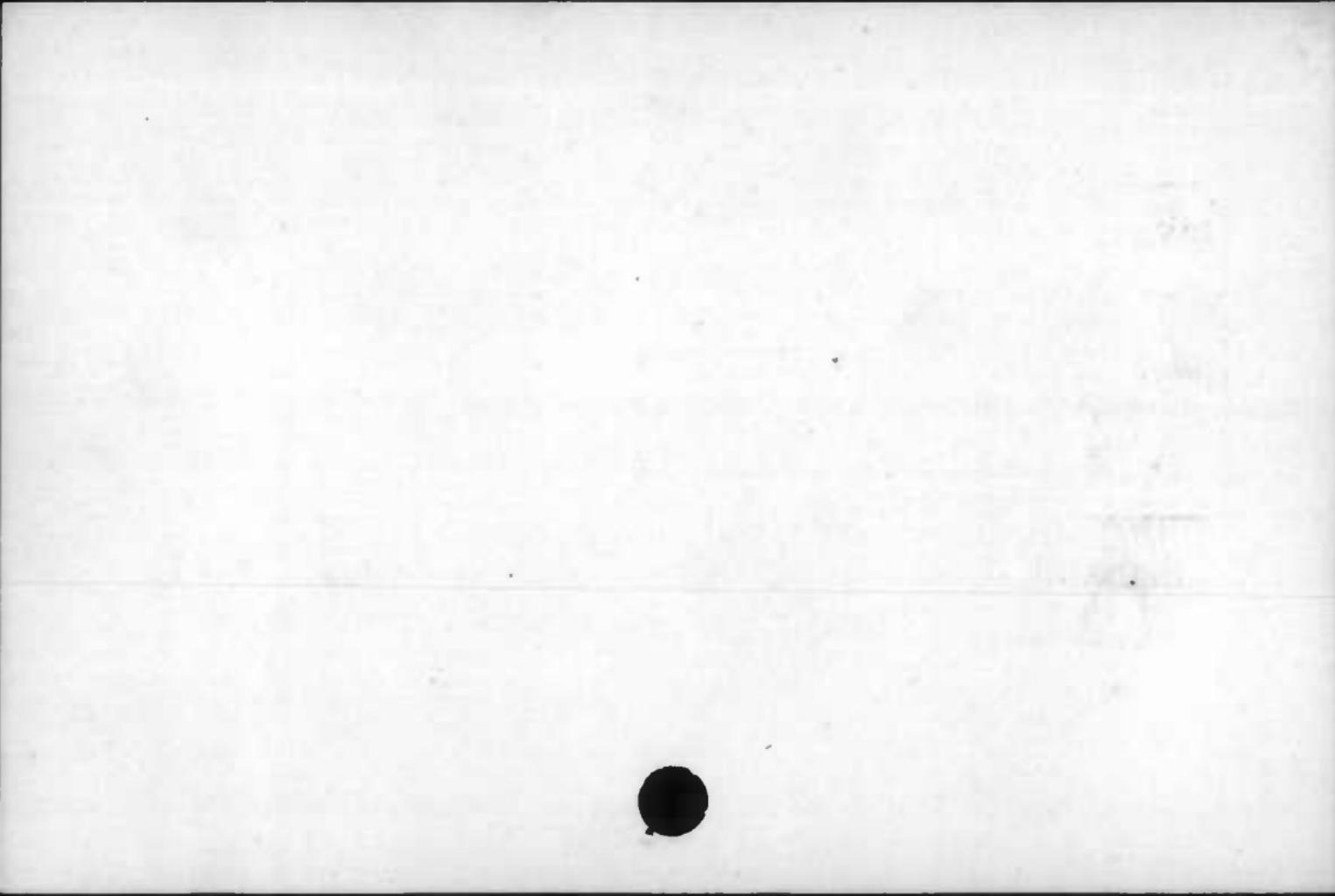
Died at	Town		County		MARYLAND	
Died at	Brownsville		Queen Anne's			
Date of death	Month	Day	Years		Months	Days
of death	1909	June	6	Age	67	
Sex	Female	Color or Race	Negro	Birth-place	Queen Anne's Co.	
Occupation	House wife					Where Residing if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband	Irving Turner		
Father's Name	Thomas Askins					Father's Birthplace Queen Anne's Co
Mother's Maiden Name	Eliza Pierce					Mother's Birthplace Queen Anne's Co
Name of person giving Information	Irving Turner					How related to deceased Husband

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	Don't know
Immediate	Dropsy		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. F. Smith
			Address	Centreville Md.
Accident or Suicide?		No.		



Name  
in  
Full

Mary Euknow Drowney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drownay,

172 ✓

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Tolson J.P.  
Stevensville  
MD

Accident or Suicide

